

L23 000056812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

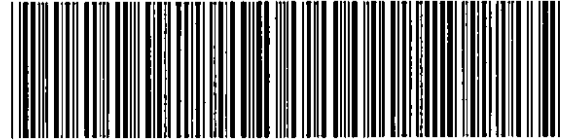
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
FEB 23 2023

Office Use Only



400401639624

2023 FEB 22 AM 10:04
SECRETARY
TALLAHASSEE, FL

FILED

RECEIVED
2023 FEB 22 PM 3:44
RECORDING OFFICE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from this account: I20210000160: **25.00**

Authorization Signature: 

BERCLA SOLUTIONS LLC L23000056872
BUSINESS NAME **DOCUMENT #**

 Certified Copy of Articles of Organization

 Certificate of Status

NEW FILINGS

 Profit Corp
 Not for Profit
 Limited Liability
 Domestication
 Other
 CORP
 LLLP

OTHER FILINGS

 Annual Report
 Fictitious Name
 APOSTILLE
 Country

AMMENDMENTS

 X Amendment
 Resignation of R.A. Officer/Director
 Change of Registered Agent
 Dissolution
 Merger
 Conversion
 Amended and restated Articles
 Statement of Authority

REGISTRATION/QUALIFICATIONS

 Foreign filing
 Limited Partnership
 Reinstatement
 Other

EXAMINER'S INITIALS:

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from this account: I20210000160: 25.00

Authorization Signature: 

BERCLA SOLUTIONS LLC L23000056872
BUSINESS NAME **DOCUMENT #**

 Certified Copy of Articles of Organization

 Certificate of Status

NEW FILINGS

 Profit Corp
 Not for Profit
 Limited Liability
 Domestication
 Other
 CORP
 LLLP

OTHER FILINGS

 Annual Report
 Fictitious Name
 APOSTILLE
 Country

AMMENDMENTS

 X Amendment
 Resignation of R.A. Officer/Director
 Change of Registered Agent
 Dissolution
 Merger
 Conversion
 Amended and restated Articles
 Statement of Authority

REGISTRATION/QUALIFICATIONS

 Foreign filing
 Limited Partnership
 Reinstatement
 Other

EXAMINER'S INITIALS:

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bercla Solutions LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Laura Guerra Bermudez

Name of Person

Bercla Solutions LLC

Firm/Company

3534 SW 92ND AVE

Address

MIRAMAR, FLORIDA, 33025

City/State and Zip Code

guerralaura10@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laura Guerra Bermudez

954 5982894
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2023 FEB 22 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FL

Berela Solutions LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on January 31, 2023 and assigned
Florida document number L23000056872.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: _____

(Principal office address **MUST BE A STREET ADDRESS**) _____

Enter new mailing address, if applicable: _____

(Mailing address **MAY BE A POST OFFICE BOX**) _____

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Sara B. B.
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00